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CONFIRMATION NO. 2442

Bib Data Sheet

SERIAL NUMBER 10/791,107	FILING DATE 03/02/2004 RULE	CLASS 036	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. ADI-083C1
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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of 10/099,859 03/15/2002 PAT 6,722,058
yes MOD

**** FOREIGN APPLICATIONS *******
 GERMANY 10112821.5 03/16/2001
yes MOD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/22/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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 51414
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TITLE
 Shoe cartridge cushioning system

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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